**CHECKLIST FOR SUBMISSION OF APPLICATION TO IMPORT A REGISTERED MEDICINAL PRODUCT BY**

**ANNEX AV**

**ANNEX AV**

**NON-PRODUCT LICENCE HOLDER (ON CONSIGNMENT BASIS)**

**ANNEX AV**

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| **Application Ref. No.**  *(For Official Use)* | **:** | **(\_\_\_\_\_\_\_\_\_\_)/DPS/IL/Reg.MP/20\_\_\_\_\_** |
| **Product Name** | **:** | Click or tap here to enter text. |
| **Name Of Importer** | **:** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Documentations / Items Required for Submission of Application to Import a Registered Medicinal Product by***  ***Non-Product Licence Holder (on Consignment Basis)*** | | | |
| **No.** | **Items** | **Applicant1** | **Product Regulation**  **Section**  ***(For Official Use)*** |
| 1. | Application Form for a Licence to Import a Registered Medicinal Product by Non Product Licence Holder (on Consignment Basis) |  |  |
| 2. | A copy of the Business Registration Certificate of the intended importing Company  **ANNEX AV** |  |  |
| 3. | Copy of Import Licence |  |  |
| 4. | Statement from the exporter that the exporting company is a registered pharmaceutical dealer in the exporting country |  |  |
| 5. | Documentary evidence to show that the product is registered in the exporting country |  |  |
| 6. | Certificate of Analysis of the product to be imported from the manufacturer or from any recognised testing laboratory (with the corresponding batch number of the batch intended to be imported) |  |  |
| 7. | A copy of the invoice from the exporter (with the corresponding batch number and expiry date of the batch(es) intended to be imported) |  |  |
| 8. | Clear digital image of product labelling (with the corresponding batch number and expiry date of the batch(es) intended to be imported) | | |
| * 1. Outer Carton |  |  |
| 8.2 Inner Label / Blister (where applicable) |  |  |
| * 1. A copy of the Package Insert |  |  |
|  | Remarks *(For Official Use):* | | |

*1 Please tick (✓) if the document is provided or write “N/A” for any item that is not applicable to your application.*

Date received *(For Official Use):*

***Note:***

***Please attach this checklist at the front of each application form.***